B 22C (Official Form 22C) (Chapter 13) (12/10) In re: Connard Vern Walton Alice Elaine Walton

Case Number:

According to the calculations required by this statement:					
☐ The applicable commitment period is 5 years.					
☐ Disposable income is determined under § 1325(b)(3).					
✓ Disposable income is not determined under § 1325(b)(3).					
(Check the boxes as directed in Lines 17 and 23 of this statement.)					

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Part I. RE	PORT OF INC	OME			
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.						
	a. [b. [s Income") for Li	nes 2-10.		
1		gures must reflect average monthly income receiving the six calendar months prior to filing the bankru			Column A	Column B	
·		e month before the filing. If the amount of monthly			Debtor's	Spouse's	
		ths, you must divide the six-month total by six, and ropriate line.	d enter the result on	the	Income	Income	
2		ss wages, salary, tips, bonuses, overtime, com	missions.		\$1,830.00	\$0.00	
_	Inco	ome from the operation of a business, profession	on, or farm. Subtra		V 1,000.00	Ψ0.00	
3	than an a	a and enter the difference in the appropriate colur one business, profession or farm, enter aggregate ttachment. Do not enter a number less than zero, iness expenses entered on Line b as a deduction	e numbers and prov Do not include	ride details on			
	a.	Gross receipts	\$0.00	\$0.00			
	b.	Ordinary and necessary business expenses	\$0.00	\$0.00			
	c.	Business income	Subtract Line b		\$0.00	\$0.00	
4	diffe Do r	t and other real property income. Subtract Line rence in the appropriate column(s) of Line 4. Do not include any part of of the operating expense art IV.	ot enter a number l	ess than zero.			
	a.	Gross receipts	\$0.00	\$0.00			
	b.	Ordinary and necessary operating expenses	\$0.00	\$0.00			
	C.	Rent and other real property income	Subtract Line b	from Line a	\$0.00	\$0.00	
5		rest, dividends, and royalties.	•		\$0.00	\$0.00	
6		sion and retirement income.		dha bassahala	\$2,399.00	\$700.00	
7	expo that paid	amounts paid by another person or entity, on a enses of the debtor or the debtor's dependents purpose. Do not include alimony or separate mail by the debtor's spouse. Each regular payment shown; if a payment is listed in Column A, do not repo	, including child so ntenance payments rould be reported in	upport paid for s or amounts only one	\$0.00	\$0.00	
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:						
	I I	employment compensation claimed to be a nefit under the Social Security Act	Debtor \$0.00	Spouse \$0.00	\$0.00	\$0.00	
9					\$0.00	\$0.00	

10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s). \$4,229.00							
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.							
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD							
12	Enter the amount from Line 11.		\$4,929.00					
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.							
	a.							
	b.							
	C.							
	Total and enter on Line 13.		\$0.00					
14	Subtract Line 13 from Line 12 and enter the result. Apprelized surrent monthly income for \$ 1325/bV(1). Multiply the amount from Line 14 by	the number 12	\$4,929.00					
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.							
16								
	a. Enter debtor's state of residence: Washington b. Enter debtor's household Application of § 1325(b)(4). Check the applicable box and proceed as directed.	l size:2	\$63,803.00					
17	The amount on Line 15 is less than the amount on Line 16. Check the box for "The ap 3 years" at the top of page 1 of this statement and continue with this statement.	pplicable commitme	nt period is					
	The amount on Line 15 is not less than the amount on Line 16. Check the box for "The is 5 years" at the top of page 1 of this statement and continue with this statement.	ne applicable comm	itment period					
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPO	SABLE INCOM	E					
18	Enter the amount from Line 11.		\$4,929.00					
19	Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total							
	Total and enter on Line 19.		\$0.00					

20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.					
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.					
22	Applicable median family income. Enter the amount from Line 16.					
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined"					

		Part IV. C	ALCULATION	OF D	EDUCTIONS FROM IN	NCOME			
	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)								
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living								
24B	Out-of for Ou www.u person 65 yea catego of any person person amoun	ral Standards: health carePocket Health Care for person tof-Pocket Health Care for penson sadoj.gov/ust/ or from the clerk as who are under 65 years of ars of age or older. (The appliance of the standard currently be allowed additional dependents whom as under 65, and enter the result in Line and enter the result in Line	ons under 65 years of a fersons 65 years of the bankruptcy age, and enter in Leable number of pewed as exemption you support.) Multipult in Line c1. Multipult in Line c2.	of age, age or court.) ine b2 tersons i s on you tiply Lin Add Lin	and in Line a2 the IRS Nat older. (This information is a Enter in Line b1 the applica the applicable number of pe n each age category is the ur federal income tax return e a1 by Line b1 to obtain a e a2 by Line b2 to obtain a tot	ional Standards vailable at able number of virsons who are number in that , plus the number total amount for total amount for al health care			
		ons under 65 years of age		-	sons 65 years of age or old	der			
	a1.	Allowance per person		a2.	Allowance per person				
	b1.	Number of persons		b2.	Number of persons				
25A	c1. Subtotal c2. Subtotal c2. Subtotal c3. Subtotal c4. Subtotal c5. Subtotal c5. Subtotal c6. Su								

25B	from Line a and enter the result in Line 25B. DO NOT ENTER AN AMOUNT LESS THAN ZERO.						
	a. IRS Housing and Utilities Standards; mortgage/rent expenseb. Average Monthly Payment for any debts secured by your home, if						
	any, as stated in Line 47						
	c. Net mortgage/rental expense Subtract Line b from Line a.						
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:						
	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.						
27A	Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk						
	of the bankruptcy court.)						
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that						

	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) Interval 1					
28	(available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. DO NOT ENTER AN AMOUNT LESS THAN ZERO.					
	a. IRS Transportation Standards, Ownership Costs					
	b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47					
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.				
	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Loc (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); er					
29	Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line a and enter the result in Line 29. DO NOT ENTER AN AMOUNT LESS					
	a. IRS Transportation Standards, Ownership Costs					
	b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47					
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.				
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. DO NOT INCLUDE REAL ESTATE OR SALES TAXES.					
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH AS VOLUNTARY 401(K) CONTRIBUTIONS.					
32	DEPENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSURANCE.					
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS INCLUDED IN LINE 49.					
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.					
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcaresuch as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS.					
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OR HEALTH SAVINGS ACCOUNTS LISTED IN LINE 39.					
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone servicesuch as pagers, call waiting, caller id, special long distance, or internet serviceto the extent necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT PREVIOUSLY DEDUCTED.					
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24	through 37.				

	Subpart B: Additional Living Expense Note: Do not include any expenses that you have						
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.						
00	a. Health Insurance						
39	b. Disability Insurance						
	c. Health Savings Account						
	Total and enter on Line 39	•					
	IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your accependitures in the space below:	tual total average monthly					
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. DO NOT INCLUDE PAYMENTS LISTED IN LINE 34.						
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.						
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.						
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST EXPLAIN WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND NOT ALREADY ACCOUNTED FOR IN THE IRS STANDARDS.						
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.						
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). DO NOT INCLUDE ANY AMOUNT IN EXCESS OF 15% OF YOUR GROSS MONTHLY INCOME.						
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lir	nes 39 through 45.					
		•					

Subpart C: Deductions for Debt Payment							
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.						
	a. b. c.	Name of Creditor	Property Securing the Debt	Tota	Average Monthly Payment	Does payment include taxes or insurance? yes no yes no yes no	
				Line	s a, b and c		
48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.						
		Name of Creditor	Property Securing the De	ebt	1/60th of th	ne Cure Amount	
	a.						
	b.						
	C.				Total: Add	Lines a, b and c	
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. DO NOT INCLUDE CURRENT OBLIGATIONS, SUCH AS THOSE SET OUT IN LINE 33.						
		pter 13 administrative expenses. Iting administrative expense.	Multiply the amount in Line a b	y the a	mount in Line	b, and enter the	
	a.	Projected average monthly chapte					
50	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	c. Average monthly administrative expense of chapter 13 case Total: Multiply Lines a and b						
51	Tota	I Deductions for Debt Payment.					
Subpart D: Total Deductions from Income							
52	Tota	I of all deductions from income.	Enter the total of Lines 38, 46	and 51.	•		
		Part V. DETERMINA	TION OF DISPOSABLE I	NCO	ME UNDER	2 § 1325(b)(2)	
53	Tota	Il current monthly income. Enter				<u> </u>	
		port income. Enter the monthly av		nents,	foster care pa	lyments, or	
54		cility payments for a dependent child icable nonbankruptcy law, to the ex					

55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).						
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.						
57	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF THESE EXPENSES AND YOU MUST PROVIDE A DETAILED EXPLANATION OF THE SPECIAL CIRCUMSTANCES THAT MAKE SUCH						
		Nature of special circumstances		Amount of e	expense		
	a.						
	b.						
	C.						
				Total: Add L	ines a, b, and c		
58		idjustments to determine disposable result.	ole income. Add the	e amounts on Lines 54, 55, 5	6, and 57 and		
59	Month	ly Disposable Income Under § 132	5(b)(2). Subtract Lir	ne 58 from Line 53 and enter	the result.		
		Part VI	: ADDITIONAL	EXPENSE CLAIMS			
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.						
00	Expense Description Monthly				mount		
60	a.						
	b.						
	C.						
			7	Total: Add Lines a, b, and c			
			Part VII: VER	IFICATION			
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)						
61		Date: 2/20/2013	Signature:	/s/ Connard Vern Walton Connard Vern Walton			
		Date: 2/20/2013	Signature:	/s/ Alice Elaine Walton			

Alice Elaine Walton